



U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FORM  
**UT-4100**

**1997 ECONOMIC CENSUS**  
**TRANSIT AND GROUND PASSENGER TRANSPORTATION**

OMB No. 0607-0834: Approval Expires 12/31/99

**DUE DATE** **FEBRUARY 12, 1998**

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS  
1201 East 10th Street  
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

*Please read the accompanying instructions before answering the questions.*

**Census use**

**UT-4100**

(Please correct any errors in name, address, and ZIP Code.)

**YOUR RESPONSE IS REQUIRED BY LAW.** Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

If this questionnaire does not seem to apply to your business, complete it to the extent possible and explain in REMARKS section – this should fulfill your reporting requirements and will reduce follow-up correspondence.

**Item 1. EMPLOYER IDENTIFICATION NUMBER**

**Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?**

094 1 ☐ Yes 2 ☐ No – Report current EIN below

(9 digits)

**Item 2. PHYSICAL LOCATION**

**a. Is this establishment's physical location the same as the address shown in the label?** (P.O. box and rural route addresses are not physical locations)

093 1 ☐ Yes 2 ☐ No – Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

**b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?**

095 1 ☐ Yes 2 ☐ No 3 ☐ No legal boundaries 4 ☐ Do not know

**c. In what type of municipality is this establishment physically located?**

096 1 ☐ City, village, or borough  
2 ☐ Town or township  
3 ☐ Other – Specify  
4 ☐ Do not know

**d. In what county (e.g., Dade County) is this establishment physically located?**

**Item 3. OPERATIONAL STATUS**

Number of months

**a. How many months during 1997 was this establishment actively operated?**

002

**b. Which of the following best describes this establishment's status at the end of 1997?** Mark (X) only ONE box.

**Note:** Complete the remainder of this report (for the period operated) even if the establishment ceased operation during 1997.

001 1 ☐ In operation  
2 ☐ Temporarily or seasonally inactive  
3 ☐ Ceased operation – Give date at right  
4 ☐ Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

**HOW TO REPORT DOLLAR FIGURES**

Dollar figures should be **rounded** to **thousands** of dollars.

**Example:** If a figure is **\$1,125,628.79** report **1 126** **• Preferred**  
**Acceptable**

Mil-  
lions  
(000)

1

126

1

125

629

Mil.

Thou.

Dol.

**Item 4. DOLLAR VOLUME OF BUSINESS**

**Operating revenue in 1997**

**Item 5. PAYROLL**

**Payroll in 1997, BEFORE DEDUCTIONS**

**a. Annual**

**b. First quarter (January–March)**

**Item 6. EMPLOYMENT**

Number

**Number of paid employees for pay period including March 12, 1997**  
(Include both full- and part-time employees)

**Item 7. LEGAL FORM OF ORGANIZATION**

**Which of the following best describes this establishment's legal form of organization during 1997? Mark (X) only ONE box.**

003 1 ☐ Individual owner (sole proprietorship)  
2 ☐ Partnership  
5 ☐ Governmental – Specify  
0 ☐ Corporation  
0 ☐ Subchapter "S" corporation  
9 ☐ Other – Specify

CONTINUE WITH ITEM 8 ON PAGE 2

Item 8. KIND OF BUSINESS OR ACTIVITY

What was this establishment’s PRINCIPAL kind of business or activity in 1997?

Mark (X) only ONE box.

Urban transit systems

070

Mixed mode (including combination bus, subway, trolley, etc.) ☐ 4111011

Commuter rail ☐ 4111021

Bus and motor vehicle ☐ 4111031

Other transit – Describe ☐ 4111091

Interurban and rural bus lines

Bus carrier ☐ 4131001

Charter bus service

Local ☐ 4141001

Interstate/interurban ☐ 4142001

Scenic and sightseeing transportation

Sightseeing bus ☐ 4119101

Horse drawn cab or carriage, for hire ☐ 4789093

Aerial tramway (scenic or sightseeing) and cable lift ☐ 7999951

Scenic railroad ☐ 7999931

Other passenger transportation

School bus service ☐ 4151001

Employee bus service ☐ 4119911

Taxicab service ☐ 4121001

Scheduled airport shuttle service ☐ 4111041

Limousine or auto rental WITH driver (except scheduled airport shuttle service) ☐ 4119201

Special needs transportation (including paratransit, senior citizen, non-emergency medical, handicapped, etc.) ☐ 4119921

Ambulance or rescue service (except by air) ☐ 4119301

Other passenger transportation – Describe ☐ 4119991

Other arrangement of passenger transportation NOT operated by a transportation company

Travel agency ☐ 4724002

Tour operator ☐ 4725001

Other transportation-related activities

Motor freight carrier – Describe ☐ 7777777

Terminal or maintenance facility (except those for exclusive use of company-operated vehicles) ☐ 4173001

Other kind of business or activity – Describe ☐ 7777777

Item 9. SOURCES OF REVENUE

Please read instructions below before completing this item.

Report sources of revenue for this establishment either as dollar figures or as whole percents of total operating revenue. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS below)

HOW TO REPORT PERCENTS	If figure is <b>38.76%</b> of total sales:  • Report whole percents Not acceptable	Mil.	Thou.	Dol.	Per-cent
					<b>39</b>
					38.76

Sources of revenue	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
1. Transit passenger services	700	701			702
a. Commuter rail service	1000				
b. Bus and other motor vehicle service	1010				
c. Subway or light rail service	1020				
d. Other passenger service (including streetcars and trolley operations)	1030				
2. Interurban and rural bus service	1040				
3. Charter bus service					
a. Local	1050				
b. Interstate/interurban	1060				
4. School bus service					
a. For public schools	1070				
b. For private and parochial schools	1080				
5. Scenic and sightseeing transportation					
a. Sightseeing bus	1090				
b. Horse drawn cab or carriage	1100				
c. Aerial tramway (scenic or sightseeing) and cable lift	1110				
d. Scenic railroad	1120				
6. Employee bus service	1130				
7. Taxicab service (include revenue from owning and leasing taxicabs to individual drivers for a fee on line 8)	1140				
8. Rent or lease of taxicabs to drivers	1150				
9. Scheduled airport shuttle service	1160				
10. Limousine or auto rental WITH driver	1170				
11. Special needs transportation service (including paratransit, senior citizen, non-emergency medical, handicapped, etc.)	1180				
12. Ambulance or rescue service (except by air)	1190				
13. Other passenger transportation	1200				

ITEM 9 CONTINUED ON PAGE 3

